

44340 TAUNTON



Borough of Taunton.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

EDUCATION COMMITTEE

For the Year ending 31st December, 1938

TAUNTON:

H. G. MOUNTER & CO., LTD.

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29 MAR 1939

Report of the School Medical Officer,

PUBLIC HEALTH AND SCHOOL MEDICAL DEPT.,
ST. PAUL'S HOUSE,
PARK STREET,
TAUNTON.

21st February, 1939.

*To the Chairman and Members of the
Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you my Report on the work of the School Medical Department for the year 1938.

The number of parents attending for the medical inspection of their children in school has exceeded any former figure, and this year 86 per cent. of the children examined were accompanied by a parent. Attendances at the Minor Ailments Clinic numbered 10,137, which is above the average and show that the service provided is appreciated. The provision of a full-time School Dental Service in the near future is likely and this will enable more satisfactory arrangements to be made for the examination and treatment of dental conditions.

The milk in school scheme continues with great benefit to the children participating; 321,042 bottles each containing one-third of a pint of milk were supplied for this purpose and of this 36,701 were given free to necessitous cases.

I have to express my gratitude to the Head Teachers, the members of the Voluntary Associations and other unattached helpers and all those who are associated with Elementary Education in the Borough for their valuable help and co-operation.

I am,

Your obedient Servant,

JOHN ALLEN,

School Medical Officer.

SCHOOL DENTAL ANNUAL REPORT.

DECEMBER, 1938.

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I have the honour to submit my Annual Report for the year 1938.

The attendances continue to be good and compare favourably with those of other years, totalling 3,045 for the 12 months.

The number of permanent fillings was	1,192
The number of temporary fillings was	667
Extractions 	1,303
The number inspected was	907

In my last Annual Report I emphasised the inadequacy of the time allocated to this appointment; a complete round of the schools now occupies at least two years.

This is primarily a result of the high percentage of attendances made by the children, 82% of whom kept their appointments.

The number of special cases attending for treatment has, in consequence of this delay, increased considerably, totalling 884, as compared with 740 last year, and so added to the time taken in completing the schools. It is my earnest hope, therefore, that circumstances may allow this inadequacy to be rectified in the near future.

In conclusion, I wish to express my thanks to the Committee for their co-operation and help during the 25 years which I have now served as School Dental Officer, and for the interest which has been shown by them in this important service.

I have the honour to be

Your obedient Servant,

ARTHUR J. PERCY, L.D.S. Eng.,

School Dental Officer.

ANNUAL REPORT

OF THE

School Medical Officer

for the year ending 31st December, 1938.

Accommodation in the Public Elementary Schools.

The average number on the roll during the year ending 22nd December, 1938, was 2,958.

The average attendance was 2,745, being a percentage attendance of 92.73.

Staff. This consists of:—

A Medical Officer who is also Medical Officer of Health and Medical Officer for Maternity and Child Welfare, his whole time being given to these duties.

A part-time Medical Officer who assists in both the school medical and maternity and child welfare services.

An Ophthalmologist part-time who paid ten visits of two sessions each during the year.

A Dental Surgeon part-time who attended for six sessions each week during the school terms.

Two School Nurses who are also School Attendance Officers and Child Protection Visitors under Section 209 of the Public Health Act, 1936. Their whole time is given to these duties.

A Dental Nurse part-time who assists the Dental Surgeon and attends for six sessions each week during the school terms.

An Artificial Sunlight Nurse part-time who gives the treatment and attends three half-days each week between the end of September and the end of May.

Co-ordination with other Health Services.

The arrangements for this were given on pages 5 and 6 of my report for the year 1937, and are unchanged.

School Hygiene.

A survey of the condition of all the public elementary schools was made in April and a report presented. In two of the schools the caretakers did not appear to be carrying out their duties efficiently.

Four of the schools—in spite of previous reports—were lacking in proper means of obtaining drinking water. Trough closets persist in three schools. The playground of one had a very defective surface.

Medical Inspection.

This is carried out on the premises in all the schools, but there are not proper rooms available for this at St. Andrew's Senior Mixed and Junior Mixed School.

The routine age groups were examined. There are:—Entrants or children coming to school for the first time; intermediates or children aged 8-9 years; and leavers or children who have attained the age of 12 years.

Children of all ages admitted from other areas are also examined if no records are available. The number of visits paid to schools for this purpose was 51 and 1,019 children were examined.

Findings of Medical Inspection.

Of the 1,019 children inspected, 202 or 19.8 per cent. were found to have one or more defects which needed treatment. The number found to be suffering from definite malnutrition was 3 or 0.3 per cent., while 123 or 12 per cent. of the children inspected were found to be slightly subnormal.

It should be borne in mind that defective nutrition is not necessarily due to lack of sufficient food, and in most of these it was due to other factors such as late hours and not enough rest after meals or to mismanagement in the home.

Following up.

Children found to have defects needing either treatment or observation are re-examined at frequent intervals either in school or at the clinic.

For this purpose 22 visits were paid to schools and 657 children re-examined there, notice having been sent to their parents previously, while 4,001 re-examinations were made at the Clinic.

The total number of re-examinations in the schools and Clinic was 4,658. This is an increase of 967 in the figure for 1937.

Arrangements for Treatment.

The parent of a child with a defect or disease needing treatment may obtain it through any of the following sources, according to the nature of the defect and the resources of the parent:—

- (1) The family Medical Practitioner.
- (2) The Taunton and Somerset Hospital
 - (a) by membership of the Contributory Scheme;
 - (b) by recommend;
 - (c) through the Local Education Authority, for Tonsils and Adenoids or Ringworm of the Scalp if specially referred by the School Medical Officer.
- (3) Medical Officer of the Public Assistance Committee if necessitous.
- (4) The Tuberculosis Officer of the Somerset County Council through either:—
 - (a) the family Medical Practitioner;
 - (b) the School Medical Officer.
- (5) School Clinic for:—
 - (a) minor ailments;
 - (b) dental defects or diseases;
 - (c) defective sight.

- (6) Orthopædic Clinic of Somerset County Council for crippling defects or deformities, for defective posture and for massage and remedial exercises.
- (7) Artificial Sunlight Clinic through the School Medical Officer.

The Minor Ailment Clinic.

This appears to be popular and full use is made of the service provided. It is open each school day and on Saturdays during school term at 9 a.m. Attendances of children for treatment numbered 10,137.

The Ophthalmic Surgeon.

Dr. G. P. Hawker paid ten visits of two sessions each and examined 210 children. Spectacles or alterations to spectacles were prescribed by him for 114 children and of these 94, or 82 per cent., had obtained these by the end of the year. One child was sent to the West of England Eye Infirmary at Exeter for fusion training for squint and was under training there for nine weeks.

Chronic Tonsillitis and Adenoids.

There is now a tendency to observe a more conservative attitude to these, and cases are only referred for operative treatment when there are signs of septic infection, or marked obstruction. Forty children had operative treatment, six of these being done through the scheme of the Education Authority.

The Artificial Sunlight Clinic.

This was open for three sessions each week—in the afternoon on Monday and Friday, and morning of Wednesday, during the months of January, February, March, April, May, October, November and December.

Attendances for treatment numbered 2,341, and 447 were school children. Each child attending is medically examined at intervals of 28 days.

Eight school children were under treatment at the beginning of the year, 21 school children were advised to attend and 7 were under treatment at the end of the year.

Particulars of the school children treated are:—

Disease or Defect.	No. of cases.		Average No. of exposures per case.	Results.
	Referred for treat- ment.	Attended for treat- ment.		
General Debility ...	15	9	27.5	Much improved 8 Improved ... 1
Asthma ...	4	2	33.5	Much improved 2
Skin disease ... (Psoriasis)	1	1	39.0	No improvement.
Keloid ...	1	—	—	—

The cases under treatment at the end of the year and not included in the above list were:—General Debility 1, Rickets 1, Asthma 3, Alopecia 1, Other Skin Diseases 1.

The Orthopædic Clinic.

This is provided by the Somerset County Council and is held in part of the Borough Health Centre. The Orthopædic Surgeon, Miss Forrester-Brown, M.S., M.D., attends on the second Friday in each month, while the Orthopædic Sister and Masseuse attend every Friday.

A posture class for children with postural defects is also held every Friday morning, and some cases of Asthma have been referred to this for special breathing exercises.

Children found by the Orthopædic Surgeon to need operative treatment are sent to the Orthopædic Hospital at Bath. Under this scheme seven school children were in the Orthopædic Hospital during the year. One who had been admitted in May, 1936, after Infantile Paralysis, was discharged in May, 1938.

One child with a spastic hemiplegia has been sent to the Heritage School at Chailey, where he has after 10 months made considerable improvement.

The School Dental Scheme.

It has been found that a part-time dental service is insufficient for the adequate treatment of children, and a scheme for a whole-time service is under consideration.

Infectious Diseases.

There was no undue prevalence of any infectious disease during the year. Cases of infectious disease notified in children aged 3 to 15 years were:—

Scarlet Fever	...	...	...	13
Diphtheria	...	...	...	9
Measles	...	...	...	3
Pneumonia	...	...	...	3
Acute Poliomyelitis	...	...	...	2

A scheme for the free immunization of children between the ages of 1 and 8 years against Diphtheria was commenced at the beginning of December. I have not advised the closure of any school or class on account of infectious disease as I have found that this has no effect in preventing the spread.

Contacts of Chicken-pox and Mumps are not excluded from school, while contacts of Measles are only excluded if they attend Infant schools and have not had this disease. Contacts of Scarlet Fever are excluded for one week and are then permitted to return if found fit after a medical examination. As regards Diphtheria, contacts are excluded and swabs taken from the nose and throat; if these are clear they are permitted to return at the end of one week.

Open Air Education.

There is no open air school, but classes are held in the playgrounds during the summer months when the weather is favourable.

Physical Training.

Participation in the scheme of the Somerset County Education Committee continues with benefit to the children.

Provision of Meals.

No solid meals are provided, but any child attending school can buy a bottle containing one-third of a pint of pasteurized milk for one halfpenny and I am informed that 284,291 bottles were

sold during 1938. If the parents are unemployed or otherwise necessitous their children when attending school can obtain one of the bottles in the forenoon and another in the afternoon of each schoolday. For this purpose application has to be made, and the children are examined and weighed at the beginning and end of each school term. Under this scheme 192 children received 36,701 bottles of milk.

I am convinced as the result of my examination that this extra ration of milk has very great value.

Samples of the milk are taken at least once each month for examination by the County Bacteriologist who also subjects this to the phosphatase test as a check on the efficiency of pasteurization.

Co-operation of Parents, Teachers and Voluntary Bodies.

PARENTS. Information is sent to these of the date and time at which routine inspection or examination for following-up will take place, and their response is most satisfactory—for parents attended the routine inspection of 877 children or 86 per cent. of those examined. This is a very good attendance and the highest so far recorded.

TEACHERS. The assistance of the Head Teachers is required in very many ways and is always given most freely. They are consulted and their convenience met when arranging dates for medical inspection, for which they send out notices to the parents. The record cards of each school child are kept up to date by monthly returns from each Head Teacher of children admitted or discharged, while another monthly return gives details as to the provision of milk. They are also consulted when preparing reports for the Juvenile Court on children or young persons regarding whom a report has to be submitted or when a mentally retarded child has to be specially examined.

SCHOOL ATTENDANCE OFFICERS. The two school nurses are also the only attendance officers. This combination of duties is unusual but has many advantages, particularly in the early detection of serious illness and especially in the ascertainment of cases of infectious disease which might not otherwise have been recognised.

VOLUNTARY BODIES. The co-operation of the following has been most valuable:—

THE TAUNTON AND DISTRICT TUBERCULOSIS CARE COMMITTEE by the provision of extra nourishment and clothing to the tubercular child or child contact.

THE SOMERSET V.A.D. 106 by attendance at the Orthopædic Clinic.

THE SOMERSET ASSOCIATION FOR MENTAL WELFARE, who through their Taunton Branch maintain an Occupation Centre for the training of lower grade defective children. The number of children from the Borough who were in attendance at the end of the year was eleven. Of these, eight were certified as feeble-minded.

THE ROTARY CLUB. The Taunton Branch have provided holidays for several boys at their Convalescent Home at Weston-super-Mare.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN have been of great help in certain difficult cases. The death of Inspector Jarvis has deprived us of a valuable ally. He has been succeeded by Inspector Matthews, who is proving an able successor. They have co-operated in the following cases:—

General neglect	...	...	...	19
Failure to provide spectacles	...	...	...	4

OTHER VOLUNTARY HELPERS. Several ladies who do not belong to any organisation have attended the Artificial Sunlight Clinic and are of great help to the Sister in charge.

Blind, Deaf, Defective and Epileptic Children.

These are ascertained by several ways, such as routine inspection in school, inspection of children brought by parents to the School Clinic, and reports by the School Nurses on children who are unable to attend school on this account. Information is also got from other Education Authorities of children coming to live in this area.

The Health Visitor also has information of children under five years of age who are unlikely to be fit to attend school.

Mentally Defective Children.

Children under seven years of age and unfit to attend school are visited at frequent intervals and seen by me at least once each year. On attaining the age of seven years arrangements are made for a special examination and the child if then found to be imbecile or idiot is certified as such and notified to the Mental Deficiency Acts Committee of the Somerset County Council. One boy and one girl were dealt with under this scheme.

Two other children were also examined, one being certified as feeble-minded and sent to the Occupation Centre; the other was found to be backward. One feeble-minded girl was sent to a Special Residential School.

At the end of the year there were twelve feeble-minded children in special residential schools, one at a public elementary school, two attending a private school, eight attending the Occupation Centre, and two who were over five and under seven years not attending any school.

Nursery Schools.

There are no nursery schools in the Borough.

Parents' Payments.

No charge is made for attendance at the Minor Ailments Clinic, the Orthopædic Clinic, the Eye Clinic or the Artificial Sunlight Clinic.

A charge of one shilling a year is made for dental treatment to those who are able to pay, the sum taken in 1938 being £13 16s. Od.

A charge varying according to the family circumstances is made for the provision of spectacles, orthopædic appliances, residential treatment at the Orthopædic Hospital, Bath, and operative treatment for Tonsils and Adenoids. In necessitous cases the charges are reduced or remitted entirely.

Adoption of Children Act, 1926.

The Education Committee were made the guardians *ad litem* in ten applications for this purpose. These cases require very

careful consideration and personal investigation before a confidential report on the circumstances of each case is made to the Justices who deal with them.

Reports were made on six, and four were under consideration at the end of the year.

Children and Young Persons Act, 1933.

Examinations were made and reports to the Juvenile Court furnished on 18 cases. Of these 13 were under 14 years and 5 over this age. 10 boys were sent to Approved Schools, 3 were put under the supervision of the Probation Officer, while 3 children were committed to the care of the Education Committee. Fines were inflicted on 9 young persons.

Employment of Children.

New Bye-laws for the control of these came into operation on 1st July. To ensure that all children employed out of school hours are physically fit for this and that the employment is not likely to render them unable to benefit from the education provided each child is medically examined before a certificate is given. Under this scheme 27 children were examined and 3 of these were certified to be unfit. These children are also re-examined at frequent intervals.

**TABLE I.—Medical Inspections of Children Attending
Public Elementary Schools.**

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	...	...	320
Second Age Group	...	...	...	...	...	...	...	288
Third Age Group	...	...	...	...	...	...	...	350
				Total	...	...	...	958
Number of other Routine Inspections	...	...	...	...	...	...	...	61
				Grand Total	...	...	...	1,019

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	1,267
Number of Re-Inspections	...	...	...	...	...	...	4,658
			Total	...	...	...	5,925

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (exclud- ing squint). (2)	For all other conditions re- corded in Table II A. (3)	Total. (4)
Entrants	...	63	63
Second Age Group	12	50	59
Third Age Group	20	52	66
Total (Prescribed Groups)	32	165	188
Other Routine Inspections	6	8	14
Grand Total	38	173	202

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1938.

	Defect or Disease.	Routine Inspections.			Special Inspections.	
		Number of Defects.		Requiring treatment.	(3)	Number of Defects.
		(1)	(2)			(5)
Skin	(1) Ringworm—Scalp	1	1			1
	(2) " Body	2	1		1	6
	(3) Scabies	10	1		1	37
	(4) Impetigo	12	1		1	59
	(5) Other Diseases (Non-Tuberculous) Total (Heads 1 to 5) ...	746	849			6
Eye	(6) Blepharitis	1	1			3
	(7) Conjunctivitis	1	1			14
	(8) Keratitis	1	1			—
	(9) Corneal Opacities	1	1			—
	(10) Other Conditions (excluding Defective Vision and Squint) ... Total (Heads 6 to 10) ...	3	4	1	1	31 48
Ear	(11) Defective Vision (excluding Squint)	38	26			20
	(12) Squint	3	13			7
	(13) Defective Hearing	4	2			8
	(14) Otitis Media	4	1			20
	(15) Other Ear Diseases	2	—			5
Nose and Throat	(16) Chronic Tonsillitis only	21	49			7
	(17) Adenoids only	—	5			2
	(18) Chronic Tonsillitis and Adenoids ...	14	11			4
	(19) Other Conditions	3	1			10
	(20) Enlarged Cervical Glands (Non-Tuberculous)...	16	13			20
Heart and Circulation.	(21) Defective Speech	1	4			2
	Heart Disease—					
	(22) Organic	5	1			3
	(23) Functional	3	2			—
	(24) Anæmia	6	—			1

TABLE II.—Continued.

	(1)	(2)	(3)	(4)	(5)
Lungs	{ (25) Bronchitis 4 (26) Other Non-Tuberculous Diseases.. — 5 11 —	—	—	—	—
Tuber- culosis	Pulmonary— (27) Definite — (28) Suspected 5 — 5 Non-Pulmonary— (29) Glands — 1 (30) Bones and Joints — (31) Skin — (32) Other Forms — Total (Heads 29 to 32) ... — 1 — —	—	—	—	—
Nervous System	{ (33) Epilepsy — 1 2 (34) Chorea 1 — 3 (35) Other Conditions 12 7 14 —	—	—	—	—
Defor- mities	{ (36) Rickets 2 5 2 (37) Spinal Curvature 21 16 3 (38) Other Forms 7 4 11 —	—	—	—	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) 45 23 210 17	—	—	—	—	—
Total number of defects	... ... 233 192 1,268 27	—	—	—	—

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE
ROUTINE AGE GROUPS.

Age-groups.	Number of Children inspected.	A (Excellent).		B (Normal).		C (Slightly Subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	320	107	33.4	181	56.6	32	10.0	—	—
Second Age-group	288	73	25.3	168	58.4	45	15.6	2	0.6
Third Age-group	350	98	28.0	215	61.4	37	10.6	—	—
Other Routine Inspections	61	22	36.0	29	47.6	9	14.8	1	1.6
TOTAL	1,019	300	29.5	593	58.2	123	12.0	3	0.3

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA
AT 31st DECEMBER, 1938.

No Child is entered under more than one heading.

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

PARTIALLY SIGHTED CHILDREN.

This Section includes only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are *not* included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	8	2*	—	11

* Private Schools.

TABLE III.—Continued.

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

PARTIALLY DEAF CHILDREN.

This Section includes children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	5	—	—	5

TABLE III.—Continued.

MENTALLY DEFECTIVE CHILDREN.
FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12(a)	1	10(b)	2(c)	25

(a) 11 of these are maintained by L.E.A. and 1 by S.C.C.

(b) 2 Private Schools, 8 Occupation Centre.

(c) 2 are over 5 and under 7 years of age.

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

TABLE III.—Continued.**PHYSICALLY DEFECTIVE CHILDREN.**

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling conforms to the description of crippled children given at the head of Section C. All other tuberculous children who are regarded as being no longer in need of treatment are recorded as delicate children.

A. TUBERCULOUS CHILDREN.**I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS**

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS

(This category includes tuberculosis of all sites other than those shown in I. above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	2	—	—	3

TABLE III.—Continued.**B. DELICATE CHILDREN.**

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	162	1	7	170

C. CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	11	1	6	22

D. CHILDREN WITH HEART DISEASE.

This Section is confined to children who are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	10	—	4	14

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect:—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in Section C).
- Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other "	1	—	1
Ringworm Body	7	1	8
Scabies 	45	—	45
Impetigo 	62	1	63
Other skin disease	127	3	130
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II.) ...	48	2	50
MINOR EAR DEFECTS ...			
... ...	38	8	46
MISCELLANEOUS			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	843	61	904
Total	1,171	76	1,247

TABLE IV.—Continued.

GROUP II.—DEFECTIVE VISION AND SQUINT
 (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	196	2	198
Other defect or disease of the eyes (excluding those recorded in Group I.)	14	—	14
Total	210	2	212
No. of Children for whom spectacles were (a) Prescribed (b) Obtained	114 94	— 1	114 95

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.		Total.	Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.			
(1)	(2)	(3)	(4)	(5)
(i) —	(ii) 6	(iii) —	(iv) 24	(i) 9 (ii) 1 (iii) 30 (iv) — 17 57

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
 (iv) Other defects of the nose and throat.

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated ...	7	—	86	—	—	—	93

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by Dentist:—

(a) Routine age groups

Age ...	5	6	7	8	9	10	11	12	13	14	15	Total.
Number ...	73	88	104	96	115	112	140	89	84	4	2	907

(b) Special 884

(c) Total (Routine and Specials) 1,791

(2) Number found to require treatment 1,573

(3) Number actually treated 1,026

(4) Attendances made by children for treatment 3,045

(5) Half-days devoted to:—

Inspection 8

Treatment 250

Total ... 258

(7) Extractions:—

Permanent Teeth ... 165

Temporary Teeth ... 1,138

Total ... 1,303

(6) Fillings:—

Permanent Teeth ... 1,046

Temporary Teeth ... 146

Total ... 1,192

(8) Administration of general anæsthetics for extractions Nil

(9) Other operations:—

Permanent Teeth ... 370

Temporary Teeth ... 297

Total ... 667

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	5.0
(ii) Total number of examinations of children in the Schools by the School Nurses	...	...	...	...	...	14,735
(iii) Number of individual children found unclean	...	...	...	...	...	70
(iv) Number of children cleansed under Sec. 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	Nil
(v) Number of cases in which legal proceedings were taken:—						
(a) Under the Education Act, 1921	...	...	...	...	...	Nil
(b) Under School Attendance Byelaws	...	...	...	...	...	Nil



